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SERIAL NUMBER 09/411,797	FILING DATE 10/01/1999  RULE	CLASS 604	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. ATA-257
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/117,152 01/25/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/22/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR  COUNTRY NH	SHEETS  DRAWING 12	TOTAL  CLAIMS 52	INDEPENDENT  CLAIMS 8
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## TITLE

EXPANDABLE FLUOROPOLYMER DEVICE FOR DELIVERY OF THERAPEUTIC AGENTS AND METHOD OF MAKING

FILING FEE  RECEIVED 1292	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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